

PRELIMINARY APPLICATION FOR CERTIFICATION  
AS A PESTICIDE APPLICATOR  
(FORM ES-774) (01/03)

Government of the District of Columbia  
Department of Health  
Environmental Health Administration  
Pesticide Program  
51 N Street, N.E., 3<sup>rd</sup> Floor  
Washington, D.C. 20002  
Ph. (202) 535-2299  
Fax (202) 535-2483

Date \_\_\_\_\_

TYPE ONLINE, OR PRINT IN INK

(1)

Last Name of Applicant	First Name	Middle Initial
------------------------	------------	----------------

Home Address of Applicant (P.O. Boxes not accepted)

City	State	Zip Code
------	-------	----------

Email address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Date of Birth	SSN	Driver's License No.
---------------	-----	----------------------

(2) TYPE OF APPLICATOR (CHECK ONE):

\_\_\_\_\_ Commercial

\_\_\_\_ Public (D.C. or U.S. Government employee)

(3) APPLYING BY:

\* Examination \_\_\_\_\_ If applying by Examination, qualifying  
by: Experience \_\_\_\_\_ Education \_\_\_\_\_

## \*\*Reciprocity

\*\*\*Reapplication \_\_\_\_\_

\* DC residents are required to take DC examinations. If qualifying for examinations by experience, complete the attached Experience Verification. If qualifying for examinations by education, submit a college transcript.

**\*\* You may apply by reciprocity if you are currently licensed and certified in another state. Include a copy of your license with this application. Do not complete the "Experience Verification" page.**

\*\*\*Currently Certified in the District

(4) I AM CURRENTLY:

Self-Employed \_\_\_\_\_  
Employed by a Pest Control Firm \_\_\_\_\_  
Employed by a Government Agency \_\_\_\_\_  
Other (explain) \_\_\_\_\_

SPONSORING PESTICIDE OPERATOR \_\_\_\_\_

Name

Pesticide operator number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_ Phone No. \_\_\_\_\_

(5) Have you ever applied for certification in the District of Columbia?  
YES \_\_\_\_\_ NO \_\_\_\_\_

(6) Have you ever held, or do you now hold, a certificate or license as  
a Certified Pesticide Applicator in any other state?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, in what state(s)? \_\_\_\_\_

(7) Has any licensing agency denied, suspended, or revoked your  
Pesticide Applicator certificate or license?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain on a separate sheet.

(8) EXPERIENCE IN PEST CONTROL (CLEARLY INDICATE PART-TIME EXPERIENCE  
AND EDUCATION WHERE APPLICABLE):

If additional space is needed, attach a separate sheet.

CURRENT EMPLOYER \_\_\_\_\_

Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_ Phone No. \_\_\_\_\_

Employed From \_\_\_\_\_ to Present.  
Mo/Yr

Duties: \_\_\_\_\_

\_\_\_\_\_

FORMER EMPLOYER \_\_\_\_\_  
Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_ Phone No. \_\_\_\_\_

Employed From \_\_\_\_\_ to \_\_\_\_\_.  
Mo/Yr Mo/Yr

Duties: \_\_\_\_\_

\_\_\_\_\_

(9) CATEGORIES AND SUB-CATEGORIES IN WHICH YOU WANT TO BE CERTIFIED:  
(See last page for definitions).

3. Ornamental and Turf Pest Control

- A. Exterior Ornamental Plants \_\_\_\_\_
- B. Lawns and Turf \_\_\_\_\_
- C. Interior Ornamental Plants \_\_\_\_\_

5. Aquatic Pest Control \_\_\_\_\_  
(See Category 11 for Swimming Pools)

6. Right-of-Way Pest Control \_\_\_\_\_

7. Industrial, Institutional, Structural, and Health-Related Pest Control

- A. General \_\_\_\_\_
- B. Wood-Destroying Organisms \_\_\_\_\_
- C. Bird \_\_\_\_\_
- D. Fumigation \_\_\_\_\_
- E. Rodent \_\_\_\_\_
- F. Industrial Weed \_\_\_\_\_

8. Public Health Pest Control \_\_\_\_\_

9. Regulatory Pest Control \_\_\_\_\_

10. Demonstration and Research \_\_\_\_\_

11. Miscellaneous Pest Control

- |                               |                            |
|-------------------------------|----------------------------|
| Swimming Pools _____          | Wood Preservation _____    |
| Aerial Application _____      | Cooling Towers _____       |
| Utility Poles Treatment _____ | Sewer Line Treatment _____ |
| TBT Users _____               | Mosquito control _____     |
| Special Fumigation _____      |                            |

CERTIFICATION OF APPLICANT

This is to certify that the above information is true and accurate to the best of my knowledge and that I agree to comply with the provisions of the District of Columbia Pesticides Operation Act. I understand that falsification of any information on this application is a violation of the District of Columbia Municipal Regulations Title 20, Sec. 2207.4.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

TO BE COMPLETED BY EMPLOYING PEST CONTROL OPERATOR:

I, the undersigned, certify that the person making this application is doing so with the knowledge and consent of his/her employer.

\_\_\_\_\_  
Signature of Owner or Office Manager

\_\_\_\_\_  
Print Name & Phone Number

RETURN THIS APPLICATION TO:

Government of the District of Columbia  
Department of Health  
Environmental Health Administration  
Pesticide Programs  
51 N Street, N.E. 3<sup>rd</sup> Floor  
Washington, D.C. 20002  
Ph. (202) 535-2299  
Fax (202) 535-2483

## EXPERIENCE VERIFICATION

### TO THE APPLICANT:

1) If you are applying by **reciprocity**, enclose a copy of your license and do **not** fill out this form.

2) If you applying to take the **exam**, the following must be completed by someone who has first-hand knowledge of your experience in pesticide application. This may be a client, supervisor, or colleague. **In order to meet experience requirements, you must have one year full-time experience, or its equivalent.** If you need more than one verification form, xerox this page and its reverse side.

I, the undersigned, verify that \_\_\_\_\_

Print Applicant's Name

has \_\_\_\_\_ months of full/part **(circle one)** time experience applying pesticides in the categories I have indicated below (the categories are fully described on the reverse side of this page). **I CERTIFY THAT I MAKE THIS STATEMENT STRICTLY FROM PERSONAL KNOWLEDGE OF THE APPLICANT'S EXPERIENCE. I understand that falsification of any information on this application is a violation of the District of Columbia Municipal Regulations Title 20, Section 1007.4**

	3A _____	3B _____	3C _____
Indicate categories by <u>initialing</u> the appropriate blank.	5 _____	6 _____	7A _____
	7B _____	7C _____	7D _____
	7E _____	7F _____	8 _____
	9 _____	10 _____	11 _____
			Explain

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Relationship to Applicant \_\_\_\_\_  
(i.e. Supervisor, Foreman, Coworker, etc.)

## CATEGORIES AND SUB-CATEGORIES FOR CERTIFICATION

### Ornamental and Turf Pest Control

Includes: Commercial applicators using or supervising the use of pesticides to control pests in the maintenance and production of ornamental trees, shrubs, flowers and turf. Contains the following sub-categories.

- A. Exterior Ornamental Plants
- B. Lawns and Turf
- C. Interior Ornamental Plants

### Aquatic Pest Control

Includes: commercial applicators using or supervising the use of pesticides purposefully applied to standing or running water, excluding applicators engaged in public health-related activities included in Category 8.

### Right-of-Way Pest Control

Includes: commercial applicators using or supervising the use of pesticides in the maintenance of public roads, electric power lines, pipelines, railway rights-of-way, or similar areas.

### Industrial, Institutional, Structural, and Health-Related Pest Control

Includes: commercial applicators using or supervising the use of pesticides in, on, or around food-handling establishments, including warehouses and grain elevators and any other structures and adjacent areas, public or private, and for the protection of stored, processed, or manufactured products. Contains the following sub-categories.

- A. General Pest Control  
Preventing, repelling, or controlling insects, fungi, or other pests within or adjacent to structures of any kind or the adjacent grounds or where people may assemble or congregate, not including work otherwise defined below.
- B. Wood-Destroying Organisms  
Preventing, repelling, or controlling termites, powder post beetles, fungi, and/or wood-destroying organisms in or on structures of any kind or pre-treating areas or the surrounding grounds where such structures are to be constructed.
- C. Bird Control  
Includes: Preventing, controlling or mitigating nuisance birds.
- D. Fumigation  
Includes: The use of a fumigant within an enclosed space for the destruction of a pest.
- E. Rodent Control  
Preventing, repelling, or controlling rodents.
- F. Industrial Weed Control  
Preventing, repelling, or controlling weeds on industrial or commercial sites.

### Public Health Pest Control

Includes: District and Federal government employees using or supervising the use of pesticides in public health programs for the management and control of pests having medical and public health importance.

### Regulatory Pest Control

Includes: District and Federal government employees using or supervising the use of pesticides for the control of regulated pests.

### Demonstration and Research Pest Control

Includes:

- 1. Individuals who demonstrate to the public the proper use and techniques of application of restricted use pesticides or supervise such demonstration. Included in this group are such persons as extension specialists, commercial representatives, and those demonstrating methods used in public programs.

2. Persons conducting field research with restricted use pesticides and who, in doing so, use or supervise the use of restricted use pesticides. Included in this group are District, Federal, commercial employees, and other persons conducting field research on or utilizing restricted use pesticides.

. **Miscellaneous Pest Control**

Includes: Swimming Pools, Wood Preservation, Aerial Application, Cooling Towers, Special Fumigation, Utility Poles Treatment, TBT Users and Sewer Line Root Control Treatment, Mosquito Control.